

Current Family Financial Support

Child Name: _____

☐ First Steps ☐ Medicaid ☐ Private Insurance ☐ Head Start ☐ Medicare
☐ Tricare ☐ Medicaid Waiver ☐ SSI ☐ WIC ☐ Other

Primary Insurance:

Insurance Company _____

Policy #: _____ Insurance Effective Date ____/____/____ (mm/dd/yyyy)

Group #: _____

Policyholder's Name _____

Relationship to Insured: _____

Policyholder's Employer: _____

Policyholder's SSN: ____-____-____ (###-##-####)

Policyholder's DOB: ____/____/____ (mm/dd/yyyy)

Secondary Insurance:

Insurance Company _____

Policy #: _____ Insurance Effective Date ____/____/____ (mm/dd/yyyy)

Group #: _____

Policyholder's Name _____

Relationship to Insured: _____

Policyholder's Employer: _____

Policyholder's SSN: ____-____-____ (###-##-####)



Policyholder's DOB: ____/____/____ (mm/dd/yyyy)

Medicaid #: _____

Annual Household Income: \$ _____ (No comma)

Household Size ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 and above

Sibling(s) In EI System? Sibling's Child ID # _____

Family Share: ____ Primary Family Share Account

(If there are sibling(s) in early intervention program, you want to designate this case as the primary billing account please check this box, else please check (Sibling In Early Intervention) for "Not Billable Due to")

Not Billable Due to:

____ Medicaid ____ Sibling In Early Intervention ____ Bankruptcy ____ Low Income

Comments: _____

Note: If additional space is needed please attach a separate sheet for reference.

